



Department of Parks, Recreation and Neighborhood Services

Grace Community Center

MEMBERSHIP APPLICATION

I would like to participate in GCC's:

☐ **Day Rehab Program**

☐ **Drop-in Program**

Name: _____ Date: _____

Name of Board & Care Home: _____ Phone: _____

Address: _____
Street City State Zip

Social Security #: _____ Date of Birth: _____

Do you have Medi-Cal? Yes ☐ No ☐ Medi-Cal #: _____

Disability/Diagnosis: _____

Special Needs

Do you have a history of seizures? Yes ☐ No ☐

If yes, what type & how often? _____

Are you allergic to any medications? Yes ☐ No ☐

If yes, please list: _____

Do you have any disabilities that require special attention? Yes ☐ No ☐

If yes, please describe: _____

Do you take medications? Yes ☐ No ☐ If yes, please list below name of medication, dosage, & taken how often.

Contact Information

Name of Mental Health Clinic you receive services from: _____

Case Manager Name: _____ Phone: _____

Psychiatrist's Name: _____ Phone: _____

Conservator/Rep Payee Name: _____ Phone: _____

In Case of Emergency, CALL: _____ Phone: _____

I have read and understand GCC's Eligibility information and Center Rules. I also understand that by signing below I give permission to the GCC staff to exchange information with the above contacts.

Participant's Signature: _____ Date: _____

If case manager referral, signature is required: _____

If conserved, conservator's signature is required: _____

PERMISSION TO PHOTOGRAPH, VIDEO, AND/OR VOICE RECORD

I, (*Name of Client*) _____, give Grace Community Center (GCC) permission to photograph, video, and/or record my voice while participating in GCC's programs and activities. I have been informed and understand that the images/recordings will be used only by GCC in promotional and marketing tools, such as brochures, program posters, display boards, public awareness and educational packages, etc. I also understand that my name will be kept confidential at all times.

Participant's signature (if conserved, conservator's signature required)

Date

Witness signature

Date